

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-in-Service

RECEIVED

N.C. Dept. of EHNR

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

MAR 23 1992

Winston-Salem
Regional Office

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Paper Stock Dealers

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 3004 Holts Chapel Rd.County: GuilfordCity: Greensboro State: NC Zip Code: 27401Tele. No. (Area Code): 919-274-0186

II. LOCATION OF TANK(S)

Facility Name or Company Paper Stock Dealers

Facility ID # (if available) _____

Street Address or State Road: 503 E. Washington St.County: Guilford City: Greensboro Zip Code: _____Tele. No. (Area Code): 919-274-0186

III. CONTACT PERSON

Name: David Patrin Job Title: Manager Telephone Number: (919) 274-0186

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Bobby's Backhoe Service, Inc.Address: 1324 Wiley Lewis Rd. Gboro State: NC Zip Code: 27406Contact: Bobby Williams/Teresa Dixon Phone: 919-275-1286

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>1000</u>	<u>Gas</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

David Patrin Manager*Scheduled Removal Date: 4/18/92Signature: David T. PatrinDate Submitted: 3/18/92

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.